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(((H20000296174 3)))



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Division of Corporations

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From:

Account Name : THE TAX GROUP INC

Account Number : I20180000051 Phone : (305)223-4648 Fax Number : (786)361-1360

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FLORIDA PROFIT/NON PROFIT CORPORATION GARCIA'S RAILING & FENCE INC

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THE TAX GROUP

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THE TAX GROUP Fax Server

September 2, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

THE TAX GROUP INC

SUBJECT: GARCIA'S RAILING & FENCE INC

REF: W20000099302

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sumbiz/search/guides/corporation-records/title-abb reviations/

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Carlos E Rico Regulatory Specialist II New Filing Section

FAX Aud. #: H20000296174 Letter Number: 220A00016833

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: GA	RCIA'S RAILING & FENCE		
	(PROPOSED CO)	RPORATE NAME – <u>MUST IN</u>	CLUDE SUPFIX)
Enclosed are an o	original and one (1) copy of	the articles of incorporation	and a check for:
☐ \$70.00 Filing Fee	_ +· •··•	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Cop & Certificate Status
		ADDITIONAL (COPY REQUIRED
FROM:	GARCIA'S RAILING & F		
		Name (Printed or typed)	
	9352 SW 169TH STREE	Т	
		Address	
<u> </u>	PALMETTO BAY, FL 33		
		City, State & Zip	
	786) 339-5778		
•	Day	time Telephone number	
rr	nitaxaroun@amail.com		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

1/20000 296 1743

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	<u>CIPAL OFFICE</u>		
	Principal street address		Mailing address, if different is:
SW 169TH STREET			
ETTO BAY, FL 33175			
	1005		
CLE III PURF purpose for which	the corporation is organized is: GENER	RAL CONSTRU	CTION, RAILING AND EE
•			
_			
			•
 ·			
	· ·		
		ř	
CLE IV SHAR umber of shares of			
CLE V INITA	AL OFFICERS AND/OR DIRECTORS		
Name and Title	e: JOSUE GARCIA	Name and Title:	
Address	9352 SW 169TH STREET		
Anoles2	TOTAL STATE OF THE	Address:	
	PALMETTO BAY, FL 33175		·
	·		
		 -	
Name and Title			
Name and Title		Name and Title:	
Name and Title			
Address		Address:	
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Address . Name and Title:		Address:	
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Address . Name and Title:		Address:	

H20002961749

Name ar	nd Title:	Name and Title:
Address		Address:
	-	
ARTICLE VI	REGISTERED AGENT	
The name and F	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	JOSUE GARCIA	
Address:	9352 SW 169TH STREET	•
	PALMETTO BAY, FL 33175	·
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	JOSUE GARCIA	·
Address:	9352 SW 169TH STREET	
	PALMETTO BAY, FL 33175	•
Effective date, if o (If an effective da filing.)		
Note: If the date i the document's eff	nserted in this block does not meet the applicable sective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been name certificate, I am fa	das registered agent to accept service of process for filiar with and accept the appointment as registere	r the above stated corporation at the place designated in this d agent and agree to act in this capacity
///	Will	08/31/2020
	Required Signature/Registered Agent	Date
I submit this/locus document to the De	ment and affirm that the facts stated herein are to partment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
i XX	leren .	08/31/2020
Required Signature	vincorporator	Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	EMSA USA,	
(Mus	contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
CLE II - Address: illing address and st	eet address of the principal office of t	e Limited Liability Company is:
<u>Pr</u>	incipal Office Address:	Mailing Address:
		100011000000000000000000000000000000000
1820 N CORPO	PRATE LAKES BLVD STE 107	1820 N CORPORATE LAKES BLVD 10
WESTON, FL CLE III - Registere mited Liability Con business entity wit	33326 Agent, Registered Office, & Regist	WESTON, FL 33326 ered Agent's Signature: ed Agent. You must designate an individual or
WESTON, FL CLE III - Registere imited Liability Conbusiness entity with	d Agent, Registered Office, & Regist pany cannot serve as its own Registers han active Florida registration.)	WESTON, FL 33326 ered Agent's Signature: ad Agent. You must designate an individual or
WESTON, FL CLE III - Registere imited Liability Conbusiness entity with	d Agent, Registered Office, & Regist pany cannot serve as its own Registers han active Florida registration.)	WESTON, FL 33326 ered Agent's Signature: ad Agent. You must designate an individual or
WESTON, FL CLE III - Registere imited Liability Conbusiness entity with	d Agent, Registered Office, & Regist pany cannot serve as its own Registered an active Florida registration.) treet address of the registered agent are	WESTON, FL 33326 ered Agent's Signature: ad Agent. You must designate an individual or SIII PA
WESTON, FL CLE III - Registere imited Liability Conbusiness entity with	d Agent, Registered Office, & Regist pany cannot serve as its own Registered an active Florida registration.) treet address of the registered agent are GONZALEZ & ASSOCIATE Name	WESTON, FL 33326 ered Agent's Signature: ad Agent. You must designate an individual or SIII PA SBLVD STE 107
WESTON, FL CLE III - Registere imited Liability Conbusiness entity with	d Agent, Registered Office, & Regist pany cannot serve as its own Registered and active Florida registration.) treet address of the registered agent are GONZALEZ & ASSOCIATE Name 1820 N CORPORATE LAKE	ered Agent's Signature: d Agent. You must designate an individual or History S III PA S BLVD STE 107 DX NOT acceptable)

(CONTINUED)